

State Health Information Projects Involving Medicaid

Alabama: Montgomery Area Community Wellness Coalition

***Primary Contact:**

Carroll S. Nason, Dr PA
3090 Mobile Highway
Montgomery , Alabama 36108

***List all other organizations participating in the HIE:**

Montgomery Area Community Wellness Coalition is a 501c3 agency that includes hospitals, community health centers, free faith-based clinics, public and mental health agencies, and the local indigent care funding board. Montgomery Area Coalition for the Homeless includes substance abuse and mental illness and other homeless providers, the Volunteer and Information Center, the domestic violence center, and the Montgomery Area Community Wellness Coalition.

The Envision 2020 Health/Wellness/Healthcare Delivery Task Force includes many of the organizations above and also has representatives from the state health department and from state groups such as Blue Cross/Blue Shield, Medical Association of Alabama, Alabama Medicaid Agency, etc.; Integrated Healthcare Solutions, Inc. DataFutures, Inc.

***Description:**

Montgomery Area Community Wellness Coalition initiated the HIE in 2002 as Shared Patient Information Network (SPIN) to improve quality, efficiency and effectiveness. We added Homeless Management Information System (HMIS) databases and users during 2003, creating the Montgomery Area Information Network (MAIN) - a secure, web-accessed, password-protected repository and healthcare and social services database.

We have a good start; however, we need to increase physician users, and HL7 or other electronic, automated data transfer of clinical data. We are also interested in expanding the existing geographical area to include residents from adjoining counties who enter Montgomery County to use the hospital and physician services.

Arizona: AHCCCS Health Information Exchange **Arizona Health Care Cost Containment System**

***Primary Contact:**

Bonnie Marsh
701 E. Jefferson
Phoenix, Arizona 85034

*List all other organizations participating in the HIE:

Arizona Department of Health Services / Division of Behavioral Health Services
Arizona Department of Economic Security / Division of Developmental Disabilities
ValueOptions, Regional Behavioral Health Authority (RBHA) for Maricopa County
The Excel Group, RBHA for Yuma and La Paz Counties
Community Partnership of Southern Arizona (CPSA), RBHA for Pima, Graham, Greenlee, Santa Cruz and Cochise Counties
Northern Arizona Regional Behavioral Health Authority (NARBHA), RBHA for Mohave, Coconino, Apache, Navajo and Yavapai Counties
Pinal-Gila Behavioral Health Authority (PGBHA), RBHA for Pinal and Gila Counties
Arizona Physicians IPA, Inc.
Care 1st Health Plan
Division of Economic Security/Comprehensive Medical Dental Plan
Health Choice Arizona
Maricopa Health Plan
Mercy Care Plan
Phoenix Health Plan / Community Connection
Pima Health Plan
University Family Care
All six Pharmacy Benefits Managers (PBMs) contracted with the Health Plans and Regional Behavioral Health Authorities. The PBMs currently being used are: United Drugs, AdvancePCS, Merk-Medco, RX Solutions, RX America, and Express Scripts

*Description:

The proposed HIE would be a data repository/warehouse with a web-based user interface. Data from multiple sources (AHCCCS, Health Plans, RBHAs and PBMs) would be input into the data warehouse via standard electronic files. The type of data would include provider and member demographics, Health Plan PCP and RBHA behavioral health physician assignments by member and pharmacy data by member. The viewing of data would be via a web-based front end using industry standard technologies.

Responding to a history of concerns related to coordination of care, AHCCCS facilitated a collaborative initiative involving medical and operational leadership of Health Plans, ADHS and the RBHAs to address barriers to coordination. Participants identified the lack of readily obtainable key patient related information as the single most significant barrier to effective coordination of patient care between primary and behavioral health providers.

In identifying what, among all types of patient information, would most enhance their ability to effectively and appropriately manage and coordinate patient care, two areas rose to the top of the list: 1. The ability of a provider to know which other providers (primary or behavioral health) are providing care to a given patient and the specifics of how to contact them; and 2. Medications that are being prescribed by these other health care providers involved in the patient's care.

AHCCS is an Arizona State Government Agency that administers the State Medicaid (TXIX) and SCHIP (TXXI) Health Care Programs. AHCCCS contracts with other state agencies and private Managed Care Health Plans to deliver the services to the enrolled members.

Lousiana: Catahoula Consortium on Health Information

***Primary Contact:**

Holly Purvis, MHA
PO Box 2078
Jena, Louisiana 71342

***List all other organizations participating in the HIE:**

LaSalle General Hospital
LSU Department of Family Medicine- Shreveport
Louisiana Offices of Public Health

***Description:**

This is a landmark project between a rural hospital (LaSalle General) and the LSU-Shreveport Department of Family Medicine. We are creating a pilot model of a provider-based rural health clinic in the town of Jonesville, Catahoula Parish, LA, a medically underserved area in the Mississippi Delta. Nearly 57% of of this parish's residents live 200% below the federal poverty level, and the incidence of chronic disease is nearly twice the national level.

Our goal is to create a HIE that will share clinical information between all four providers of care. With this, we can focus on clinical quality outcome measurement. We will use outcome measures to judge process efficacy, and use a feedback loop to continually refine the clinical and administrative process.

Currently, we have little to no automation for the clinics and our public health partners, aside from the state vaccination registry. This depresses productivity, increases wait times, and results in fewer preventive-care visits per hour. Our second problem compounds the first: We are a large Medicaid population that tends, over time, to migrate from provider to provider. Our HIE would solve that: We would cover 75% of the physicians in our area, and ensure greater quality of care for our patients.

LSU hopes to replicate this model in other rural underserved areas of Louisiana in the Mississippi Delta Region.

Lousiana: Catahoula Parish Consortium

***Primary Contact:**

Holly Purvis, MHA
P.O. Box 2780
Jena, Louisiana 71342
318-992-9200
hpurvis@lasallegeneralhospital.com

***List all other organizations participating in the HIE:**

Louisiana Office of Public Health (includes Jonesville Office of Mental Health and the Parish Health Unit)
LSU-Shreveport Department of Family Medicine (the LSU Family Medicine clinic

in Jonesville, LA)

***Description:**

The HIE will be an interactive sharing of clinical information between the Rural Health Clinic, which is an alliance of LaSalle General Hospital and LSU-Shreveport, and the Louisiana Office of Public Health, which will greatly facilitate and enhance the treatment of patients, increase preventive care and ease the patient's burden of transporting clinical information. Administratively, this will better track referrals, certifications and prior authorizations. The HIE project will serve primarily the Medicaid population of Jonesville, Louisiana, a rural, economically depressed area in Central Louisiana. It will also serve other patients of the participating physicians in LaSalle Parish.

Louisiana: Project Overcoming Isolation

***Primary Contact:**

Hank Fanberg
2424 Edenborn Avenue, Suite 290
Metairie, LA 70001

***List all other organizations participating in the HIE:**

Cystic Fibrosis Foundation, Lonestar Division
Texas Department of Health-Children with Special Health Care Needs Program (CSHCN)
Community First Health Plan (a Medicaid HMO)
Wilford Hall Medical Center-Cystic Fibrosis Clinic
Methodist Healthcare-Cystic Fibrosis Clinic
University of Texas Health Science Center at San Antonio-Pulmonology Division
San Antonio Metropolitan Health District (25 public health clinics of the Bexar County Health Department)
AXCAN-Scandipharm, Inc.
Chiron, Inc.
Cystic Fibrosis Services Pharmacy, Inc.
Special Kids Care

***Description:**

The CF HIE allows CF patients and all involved with their care to share all the information in a timely and universal manner. This HIE will improve care and outcomes initially for CF patients by (a) consolidating and coordinating documentation and results of all care and clinical information taken by and given to CF patients that can be quickly and easily located via a plastic card with data embedded magnetic stripe or through accessing a web site; (b) providing an online community of support for their psycho-social needs; (c) allowing the patient to control the type and amount of data entered and available through the HIE so that every care giver involved in their care has access to and sees the same information.

Michigan: Implementing Interorganizational EMR to Improve Care for Disadvantaged Populations

***Primary Contact:**

Michael H. Zaroukian, MD, PhD, FACP; EMR Medical Director
B-325 Clinical Center
East Lansing, MI 48824

***List all other organizations participating in the HIE:**

Michigan State University Healthteam
Sparrow Hospital
Ingham Regional Medical Center
Ingham County Health Department
The Ingham Health Plan
Michigan Department Of Community Health
Treetops Group

***Description:**

The HIE will be a community network using an advanced EMR system with ubiquitous access to allow easy access to and exchange of health information, regardless of where patients receive care. Even for sites not included in this initial project, HIE will be improved by the ability to transmit health information as secure email messages with attachments to any patient, provider or entity providing an email address and adhering to rules for appropriate use.

The HIE is driven by the need for better quality for the area's Medicaid population and the land grant outreach mission of MSU, which has a wired/wireless HIE network in place in 32 clinics at 11 sites in Greater Lansing, with an advanced EMR system (Logician, GE Medical Systems) with a number of interfaces and enhancements. MSU also has a community outreach EMR project with several local physician practices that actively participate in the care of Medicaid patients.

The goal is to improve the quality of care (patient-centered, effective, safe, timely, efficient, equitable), with a particular emphasis on 1) reducing errors of overuse, underuse and misuse of tests and treatments; 2) giving providers the information they need precisely when and where they need it, in a format that facilitates quality health care; 3) providing intelligent decision support (alerts, reminders, guidelines).

The Health Care Interchange of Michigan Care Data Exchange

Primary Contact:

Clyde Hanks, COO
P.O. Box 80745
Lansing, MI 48908

***List all other organizations participating in the HIE:**

Health Care Interchange of Michigan (HCIM members include 18 health plans

and the Mich. Assoc. of Health Plans, 20 hospitals and hospital systems and HA, and 3 purchasers including Michigan Medicaid)
CareScience, a subsidiary of Quovadx
William Beaumont Hospitals (WBH), 2 hospitals and numerous ancillary provider sites
Beaumont Physicians Organization
Cape Health Plan

***Description:**

The HIE is composed of a broad range of participant organizations, representing a majority of care delivery in their communities. The HIE will be anchored by a membership organization experienced in health information transactions, and built around a Peer-to-Peer network for exchange of Clinical and Administrative Data, employing a proven technologic and organizational approach. The HIE will grow by developing and then linking communities of natural trading partners in Michigan.

Specific emphasis will be placed on the Medicaid managed care population in the pilot communities. This patient population frequently changes providers, seeks "dis-continuous" care from multiple provider settings, and exhibits poor compliance with follow-up diagnostic and therapeutic strategies. It is difficult for providers to efficiently obtain a complete and timely clinical history for these patients, impacting the cost and quality of care delivered, and the patient's experience of care.

North Carolina: NC Community Medication Management Project

***Primary Contact:**

Holt Anderson
POB 13048
Research Triangle Park, NC 277093048

***List all other organizations participating in the HIE:**

A4 Health Systems
City of Eden
Dayspring Family Practice
DrFirst
DSi
Eden Internal Medicine
EDS
Gateway Health Alliance
Initiate Systems
Morehead Memorial Hospital
Moses Cone Health System/Annie Penn Hospital
NC Dept. of Health and Human Resources, Division of Medical Assistance (Medicaid)
NC Teachers' and State Employees' Comprehensive Major Medical Plan
NDCHealth
Piedmont Community HealthCare Alliance

Rockingham County Dept. of Public Health
RxHub
Sheps Center for Health Services Research
SureScripts

***Description:**

The HIE seeks to demonstrate that healthcare quality, safety and efficiency can be improved by:
1) providing clinicians with a patient's medication history electronically at the point of care, and
2) integrating this information with the automated refill and e-prescribing process. Clinicians must know the medications a patient is taking in order to evaluate possible drug-to-drug interactions and prescribe correct dosages. Most clinicians gather medication histories by pulling charts, interviewing patients and calling other care sites, tasks that are often time consuming as well as potentially inaccurate. With our system, clinicians will have access to web-based electronic medication histories from Pharmacy Benefit Managers, retail pharmacies and Medicaid. Rural Rockingham County, North Carolina was selected for our pilot project..

Williamson-Wired Health Exchange for Kids

***Primary Contact:**

Paul H. Keckley, Ph.D., Executive Director
MCN D3300
Nashville, Tennessee 37232

***List all other organizations participating in the HIE:**

Mercy Children's Clinic, Franklin, Tennessee
Department of Pediatric Medicine, vanderbilt University
Department of Medical Informatics, Vanderbilt University
Williamson County Board of Education
Empty Hands Fellowship
Williamson Medical Center (Private NFP)
Vanderbilt Children's Hospital (Monroe Carroll Children's Hospital)

***Description:**

Williamson County is a fast-growing community of 100,000 with no pediatric care available for children covered under the state's Medicaid program. The only provider of children's care is the community-sponsored Mercy Children's Clinic which is in its fourth year of operation with 3 pediatricians on staff.

MCC does not use current technology to engage parents of its patients nor has it engaged local clinicians and community resources in the broader array of care management needs useful to this population.

This HIE program will enroll parents of these underinsured kids through school and church outreach, educate them via classes, assign a caregiver for web-based coaching, link the children's health to providers in the Mercy Children's Clinic and to community based providers, and

monitor improvements in health outcomes and community-based care for this population.

The "wired" resource network will include schools, churches and physicians in the community, with the goal of improving access to basic primary care services and, through the use of web-based technology, to improve health status in the prevention and treatment of prevalent childhood diseases and conditions.

The "tools" at the focus of this program are:

- (1) Web-based risk assessment for all children 5-12 that are enrolled in Williamson County public schools and qualify for participation
- (2) Web-based household risk assessment for parents of these children
- (3) Development of personal health records for each child and each parent of these children, with access (permission only) by school guidance counsellors and primary care physicians/nurses.
- (4) Development of coaching tools using web-based reminders, clinic visits and classes to stimulate adherence to recommended care strategies.